

Illinois Department of Public Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>IL6003677</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/17/2016</b>
NAME OF PROVIDER OR SUPPLIER  <b>GOOD SAMARITAN - FLANAGAN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>205 NORTH ADAMS FLANAGAN, IL 61740</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	Initial Comments  Conditional Licensure Follow-up to Survey Date 1/21/16  Good Samaritan-Flanagan is in compliance with their plan of correction for 300.3240 a).	S 000		
S9999	Final Observations  STATEMENT OF LICENSURE VIOLATIONS:  300.610a) 300.1210b) 300.1210d)6)  Section 300.610 Resident Care Policies a) The facility shall have written policies and procedures governing all services provided by the facility. The written policies and procedures shall be formulated by a Resident Care Policy Committee consisting of at least the administrator, the advisory physician or the medical advisory committee, and representatives of nursing and other services in the facility. The policies shall comply with the Act and this Part. The written policies shall be followed in operating the facility and shall be reviewed at least annually by this committee, documented by written, signed and dated minutes of the meeting. Section 300.1210 General Requirements for Nursing and Personal Care b) The facility shall provide the necessary care and services to attain or maintain the highest practicable physical, mental, and psychological well-being of the resident, in accordance with each resident's comprehensive resident care plan. Adequate and properly supervised nursing care and personal care shall be provided to each resident to meet the total nursing and personal	S9999		

**Attachment A**  
**Statement of Licensure Violations**

Illinois Department of Public Health  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S9999	<p>Continued From page 1</p> <p>care needs of the resident.</p> <p>d) Pursuant to subsection (a), general nursing care shall include, at a minimum, the following and shall be practiced on a 24-hour, seven-day-a-week basis:</p> <p>6) All necessary precautions shall be taken to assure that the residents' environment remains as free of accident hazards as possible. All nursing personnel shall evaluate residents to see that each resident receives adequate supervision and assistance to prevent accidents.</p> <p>Based on interview and record review, the facility failed to implement fall interventions for two of four residents (R4 and R6) reviewed for falls in a sample of six.</p> <p>Good Samaritan of Flanagan failed to follow the Plan of Correction for the survey of 1/21/16.</p> <p>Findings Include:</p> <p>1. The Facility's untitled (incident) list provided by E3, Quality Assurance Nurse on 3/16/16 documents R6 had a fall on 3/7/16.</p> <p>On 3/16/16 at 10:00am, R6's Electronic Medical Record Diagnosis List documents R6's diagnoses including: Dementia without Behavioral Disturbance, Hypertension, Osteoporosis, and Osteoarthritis.</p> <p>R6's Progress Note dated 3/7/16 documents that R6 was transferring from the wheel chair to the bed and slipped. This same Progress Note documents that R6 had a dime sized skin tear to right elbow and that R6 was sent to the local hospital for evaluation and treatment for pain in the right shoulder and right hip.</p>	S9999			

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S9999	<p>Continued From page 2</p> <p>R6's Fall Assessment dated 3/7/16 documents R6 as a high fall risk.</p> <p>The facility's Risk Team Report dated 3/7/16 documents the following interventions added for R6: "Remind resident to use remote control (for television) or call light for assistance." This same report documents R6's Care Plan/Kardex was updated 3/7/16.</p> <p>R6's Care Plan dated 3/8/16 documents that the Certified Nursing Assistants are to "Be sure the call light is within reach and encourage the resident to use it for assistance as needed."</p> <p>R6's "The Story of My Fall" assessment dated 3/7/16 documents the call light was not in place at the time of the fall and that no fall interventions were in place at time of fall.</p> <p>On 3/17/16 at 12:05pm, E1 (Administrator) states that "E2 (Director of Nursing) and E3 (Quality Assurance Nurse) are responsible for updating the care plan interventions after falls."</p> <p>On 3/17/16 at 1:30pm, E2 (Director of Nursing) states that "CNA's (Certified Nursing Assistants) and nurses are to make sure they have call lights and reachers in reach."</p> <p>2. The Facility's untitled list provided by E3, Quality Assurance Nurse on 3/16/16 documents R4 had falls on 2/17/16 and 2/26/16.</p> <p>On 3/16/16 at 1:00pm, R4's Electronic Medical Record Diagnosis List documents R4's diagnoses including: Dementia without Behavioral Disturbance, Anxiety, and Muscle Weakness.</p> <p>R4's Fall Assessment dated 2/17/16 documents</p>	S9999		

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S9999	<p>Continued From page 3</p> <p>R4 as a high fall risk.</p> <p>R4's "The Story of My Fall" assessment dated 2/17/16 documents that the fall interventions were not in place at the time of R4's fall on this date. This assessment documents the call light was on the bed and the reacher was in the bathroom. The same assessment does not document where the resident was located in proximity to call light and reacher at the time of the fall incident.</p> <p>R4's "The Story of My Fall" assessment dated 2/26/16 documents the call light was not within reach. The same assessment documents the call light was on the bed and the R4 was in the wheelchair at the time of the fall incident.</p> <p>The facility's Risk Team Report dated 2/29/16 documents the following interventions added: "Remind resident to use call light for help with transfers, toileting, etc". This same report documents that the Care Plan/Kardex were updated on 2/29/16.</p> <p>There are no updates to R4's Care Plan interventions for either of R4's falls.</p> <p>The Care Plan for R4 dated 3/4/15 documents that the Certified Nursing Assistants are to "Be sure the resident's call light, phone, reacher and remote within reach. Encourage the resident to use call light for assistance as needed."</p> <p>On 3/17/16 at 12:05pm, E1 (Administrator) states that "E2 (Director of Nursing) and E3 (Quality Assurance Nurse) are responsible for updating the care plan interventions after falls."</p> <p>On 3/17/16 at 1:30pm, E2 (Director of Nursing) states that "CNA's (Certified Nursing Assistants)</p>	S9999			

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**GOOD SAMARITAN - FLANAGAN**

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S9999	Continued From page 4  and nurses are to make sure they have call lights and reachers in reach."  The facility's Protocol For Accident/Incidents dated 4/28/15 documents "All residents will be evaluated for fall risk on adminssion, after an incident, quarterly or after change of condition. Interventions will be put into place and passed along to staff. Care plan and Kardex updated." (B)	S9999		